Alliance of Specialty Medicine

Sound Policy. Quality Care.

June 26, 2015

The Honorable Tom Price, MD
100 Cannon House Office Building
Washington, DC 20515

RE: H.R. 2300, Empowering Patients First Act of 2015

Dear Representative Price:

As the Alliance of Specialty Medicine (Alliance), our mission is to advocate for sound federal health care policy that fosters patient access to the highest quality specialty care. While we do not take a position on the Empowering Patients First Act of 2015 in its entirety, as patient and physician advocates, the Alliance supports large parts of the legislation, as described below.

First, we thank you for including medical liability reforms in H.R. 2300. The Alliance firmly believes that comprehensive federal medical liability reform is long overdue. The unpredictability of the current system has led doctors to limit the scope of their practices, move to states that have effective reforms in place, or leave medical practice altogether. Without reform, patients' continued access to timely and necessary medical specialty care remains in jeopardy. While tort reforms such as those in place in California and Texas represent the "gold standard," we commend your efforts to explore other options, including a "safe harbor" for care provided in accordance with clinical guidelines.

With regard to Title VII (Quality), we support H.R. 2300's prohibition on the use of comparative effectiveness or patient-centered outcomes data to deny coverage of an item or service under any Federal health program. Alliance members support comparative effectiveness research (CER) that focuses on transparency, public input and patient safeguards. The Alliance believes CER should enhance information about treatment options and outcomes for patients and physicians, helping them to choose the care that best meets the individual needs of the patient. CER must recognize the diversity, including racial and ethnic diversity, of patient populations and subpopulations and communicate results in ways that reflect the differences in individual patient needs. We strongly agree that CER should not be a vehicle for making centralized coverage and payment decisions or recommendations.

The Alliance also supports use of performance-based quality measures that are agreed upon by physician specialty organizations. Our specialty association members are actively engaged in the process of developing evidence-based and clinically relevant quality measures and establishing data registries.

Alliance member physicians support meaningful efforts to improve quality through reporting and guideline development, but specialty physicians must be the ultimate arbiters of what constitutes a meaningful quality measure that will actually improve patient care, rather than simply require a physician to "check a box" without any clinical benefit.

Additionally, the Alliance has previously expressed support for your proposals that would enable Medicare beneficiaries to enter into private contracts with participating and non-participating professionals without penalty, while allowing the beneficiaries to use their Medicare benefits. Current law requires Medicare beneficiaries to pay out-of-pocket if they choose to see a physician that does not accept Medicare and Medicare will not cover any portion of the charges incurred. Further, physicians who choose to provide covered services to Medicare beneficiaries under private contracts must "opt out" of the Medicare program for two years. Medicare will not pay the physician for any covered services provided to Medicare beneficiaries during that time. These discriminatory policies are inappropriate and impede Medicare beneficiaries' freedom of choice.

Over the past several decades, Medicare payments to physicians have declined and physicians will continue to lose ground to medical inflation well into the future. Furthermore, the regulatory burden on physicians has exploded. As a result, more and more physicians are dropping out of the program, limiting the number of Medicare patients they see, or leaving private practice altogether. Ultimately, the confluence of these events will compromise beneficiary access to high-quality care. Fortunately, if enacted, your legislation will help restore confidence in the Medicare program by ensuring beneficiary access to any physician they choose to see, regardless of the physician's participation status, and we thank you for including this provision in H.R. 2300.

Finally, the Alliance thanks you for providing antitrust relief for health care professionals engaged in negotiations with a health plan about the terms of any contract under which the professionals provide health care items or services. We support the concept of allowing physicians to negotiate together to improve patient care.

Thank you for your leadership in developing the Empowering Patients First Act of 2015, which contains many provisions that will help the practice of medicine in the United States. Please do not hesitate to reach out to us, should you require additional information.

Sincerely,

American Academy of Facial Plastic & Reconstructive Surgery
American Association of Neurological Surgeons
American College of Mohs Surgery
American Gastroenterological Association
American Society for Dermatologic Surgery Association
American Society of Cataract and Refractive Surgery
American Society of Echocardiography
American Urological Association
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
National Association of Spine Specialists
Society for Cardiovascular Angiography and Interventions
Society for Excellence in Eyecare